

INDIANA IMPROVEMENT PLAN

Component CE.1 – Family-centered service coordination effectively facilitates ongoing, timely early intervention services in natural environments.

Steering Committee Recommendations: Meets Expectations

Baseline Information	Improvement Strategies	Evidence of Change and Benchmarks
(Conclusions from Self-Assessment Components, Indicators and other data sources)	(Strategies from Self-Assessment Components, Indicators and other Improvement sources)	(How improvement will be measured)
<ul style="list-style-type: none"> While the average length of time from referral to IFSP for the time period of April 1, 2000 through March 31, 2001 was 42.6 days, further analysis indicates that approximately one third of the counties within the state, average above the 45-day timeline. Through further analysis of more current data, it was determined that in 9 SPOEs out of 62 had an average time from referral to IFSP exceeded 45 days. While the data reflects that approximately 15% of the SPOEs have exceeded the 45 day timeline on average, the majority of these counties receive on average less than 40 referrals per year. With such a small sample, an average time is not necessary representative of the majority of cases. All IFSPs exceeding the 45-day timeline must have a written justifications in the early intervention file. The SPOE and LPCC review timelines and justifications for delays on a routine basis. During last fiscal year data shows that the average days from referral to first direct service is 57. Further analysis of the data revealed that the actual number is lower due to electronic files that were not closed in a timely manner. Of the services written into the IFSP approximately 90% are provided in the natural environment of the child and family. The success of transitioning services into the natural environment is largely attributed to Indiana's efforts to increase education and awareness of the concept of the natural environment. Indiana's "dedicated" model of service coordination 	<p>STATE SYSTEM AND DATA COLLECTION</p> <ul style="list-style-type: none"> By December 31, 2002, First Steps consultants will follow-up with all counties identified as needing improvement toward meeting the 45-day timeline to develop corrective action plans and provide technical assistance as needed. The peer monitoring review process will be used to continue monitoring of and follow-up to counties exceeding acceptable standards.(ongoing) Quarterly county profile reports will be placed on the First Steps web page listing the timelines from referral to IFSP. This information will be utilized in local planning for the LPCC. <p><i>The County Profile Reports are posted to the FS web-site quarterly for LPCC use.</i></p> <ul style="list-style-type: none"> The Request for Funds (RFF) application for all counties will address the timeliness in which services will be provided to families. Progress on the outcome will be monitored on a quarterly basis. <p><i>The RFF distributed in July, 2002, included requirements for this outcome.</i></p> <p>LOCAL SYSTEM</p> <ul style="list-style-type: none"> By April 1, 2003, county funding will be tied to successful achievement of outcomes related to meeting the 45-day timeline. 	<p>Evidence of Change: The number of counties meeting the 45-day timeline standard for referral to IFSP increases.</p> <p><u>Benchmarks:</u></p> <ul style="list-style-type: none"> <i>By June 30, 2003, 100% of all counties document an average of 45 days or less from referral to IFSP. (Revised benchmark)</i> <i>By June 30, 2003, 100% of all IFSPs exceeding the 45-day timeline will be by request of the parent as documented in the child's EI file on the state form for this purpose. (Revised benchmark)</i> <p><i>For the 12- month period ending September 30, 2002, the state average length of time from referral to IFSP was 40.8 days with 13 out of 92 counties averaging above the 45-day timeline (14%). These averages include cases where the 45-day timeline was exceeded at parent request. While this indicates improvement, Indiana will continue to monitor this closely. Our revised Peer Monitoring procedures include review of documentation of all cases exceeding the 45-day timeline during</i></p>

<p>means that the coordination of services is the only direct service performed by both intake and ongoing service coordinators. If an ongoing service coordinator is unavailable at any time, this function reverts to the intake coordinator, so that no child or family will be without service coordination. Family satisfaction surveys are conducted at the county level and are not collected or analyzed on a statewide level. During the on-site quality review visits and through local action plans submitted through the grant process, there were no concerns noting significant trends relating to family satisfaction.</p> <ul style="list-style-type: none"> Indiana's required training for service coordinators includes a total of six days within the first year, with the additional requirement that the first two days of training are completed prior to enrollment as a provider. In addition, all intake/ongoing service coordinators are required to attend quarterly regional meetings that are focused on training and technical assistance. The Unified Training System has just completed the development of 12 specialized modules for intake/ongoing service coordinators seeking additional training on specific topics. 	<ul style="list-style-type: none"> By June 30, 2003, all counties will implement use of a statewide form for documentation of reasons for exceeding 45-day timeline. <p>TRAINING AND PERSONNEL</p> <ul style="list-style-type: none"> By June 30, 2003, the lead agency will provide training and technical assistance to all intake and ongoing service coordinators on appropriate procedures for documenting instances when acceptable timelines are not met (on new state form being developed for this purpose). Additional training on appropriate use of interim IFSP's and closing files in a timely manner will be offered. Training and technical assistance on implementation of the natural environment policy will continue to be provided through the Unified Training System and by First Steps regional consultants.(ongoing) By June 30, 2003, the natural environment concept will be incorporated into the Best Practices document and training. The lead agency will continue to insure that training for intake and ongoing service coordinators on their roles and responsibilities is available and evaluated on an ongoing basis by the Unified Training System for revisions or enhancements. (ongoing) <p>IMPLEMENTATION</p> <ul style="list-style-type: none"> By December 31, 2002, the statewide ongoing outcomes evaluation process will be implemented and the information collected will be used to analyze family satisfaction with the service delivery system, including intake and service coordination. 	<p><i>county Peer Reviews every other year. This will provide additional data to report regarding Indiana's compliance with this requirement.</i></p> <p>Evidence of Change: Children and families continue to be served in their natural environment to the fullest extent possible.</p> <p>Benchmarks:</p> <ul style="list-style-type: none"> By June 30, 2003, the number of IFSP services provided in natural environment settings is maintained at 90% or increases. By June 30, 2003, data from the outcomes evaluation process documents overall family satisfaction with service delivery options available to them in the First Steps system.
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Component CE.3 – The evaluation and assessment of child and family needs lead to identification of all child needs as well as all family needs, related to enhancing the development of the child.

Steering Committee Recommendations: Meets Expectations

Baseline Information	Improvement Strategies	Evidence of Change and Benchmarks
<p>(Conclusions from Self-Assessment Components, Indicators and other data sources)</p> <ul style="list-style-type: none"> ▪ The First Steps application is a combined enrollment application that is used to enroll children in other service systems for which they are eligible, including Medicaid, Maternal and Child Health programs, and Children’s Special Health Care Services. ▪ Assessment of other child/family needs is included in the IFSP process and requires a signature from the family physician to confirm that the family’s needs are being addressed. ▪ Although First Steps policy and procedures are in place to identify all child needs as well as all family needs, there is no evaluation process in place to provide data on how well this is being accomplished. During the public forum process 26 out of 126 responses suggest that not all needs are being met. ▪ Indiana currently has 3,329 active enrolled providers. While experiencing some limited availability in specific disciplines, counties have been able to generally meet child and family needs. Review of billing data further suggests that counties might not be effectively utilizing services outside of the four largest service types (DT,PT,OT,ST). ▪ Indiana’s personnel standards establish the level of training required of service providers who are eligible to conduct evaluations and assessment. ▪ Eligibility determination for the formation of an IFSP must include a service coordinator, the parent or guardian, and service providers from two separate disciplines. 	<p>(Strategies from Self-Assessment Components, Indicators and other Improvement sources)</p> <p>STATE SYSTEM AND DATA COLLECTION</p> <ul style="list-style-type: none"> ▪ By December 31, 2002, the statewide outcome evaluation process will be implemented and will include exit surveys with families that will allow us to assess how well needs were identified and met. ▪ <i>The Outcomes Evaluation process will capture child data at enrollment and as each child exits the system. It will be some time before we have entry and exit data on all children, however we will begin reporting the data available in June, 2003.</i> <i>Added improvement strategy for CE.3(b)</i> ▪ By December 31, 2002, the lead agency will identify counties with low utilization of specialty services to identify possible technical assistance opportunities to increase the knowledge and use of all services. ▪ The peer monitoring review process will be used to monitor appropriate use of the Family Assessment section of the IFSP to identify child and family needs. (ongoing) 	<p>(How improvement will be measured)</p> <p>Evidence of Change: Children receive appropriate services to meet their needs as identified during the evaluation and assessment process.</p> <p>Benchmarks:</p> <ul style="list-style-type: none"> ▪ By April 1, 2003, all contracts with county local planning and coordinating councils include an outcome related to availability of “specialty” service providers to meet the needs of children and families in their counties. ▪ By June 30, 2003, 80% of all EI files reviewed during the peer review monitoring process have completed IFSP “other services” sections. ▪ By June 30, 2003, 90% of all service providers reviewed during the peer review monitoring process are delivering services as authorized on the IFSP. ▪ <i>By June 30, 2004, 95% of children exiting the system have documented developmental gains in areas of concern</i> <i>Added benchmark for CE.3(b)</i>

	<p>TRAINING AND PERSONNEL</p> <ul style="list-style-type: none"> ▪ By December 31, 2002, core service coordinator training will be reviewed and revised as needed to emphasize instruction on the use of “family assessment” and “other services” sections on the IFSP. ▪ Quarterly regional service coordinator meetings will include information and training on available community resources such as Medicaid Waivers, Healthy Families, Head Start, Children’s Special Health Care Services, and Maternal Child Health programs. (ongoing) ▪ By June 30, 2003, all providers will receive information and training on their role and responsibility in IFSP development, service delivery, and procedures for making changes during required statewide provider meetings. 	<p>Evidence of Change: The number of families whose needs related to enhancing the development of their child are met increases.</p> <p><u>Benchmarks:</u></p> <ul style="list-style-type: none"> ▪ By June 30, 2003, 80% of all EI files reviewed during the peer review monitoring process have completed IFSP “Family Assessment” sections. ▪ By June 30, 2003, data collected through the statewide outcomes evaluation process indicates that 80% of all families are satisfied that their family’s needs were met.
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